

Commonwealth Of Virginia Health Benefits Program

EXTENDED COVERAGE ENROLLEES

Monthly Costs Effective July 1, 2001

STATEWIDE PLANS	<i>Key Advantage</i>	<i>Key Advantage w/Expanded Benefits</i>	<i>Cost Alliance</i>	<i>Cost Alliance w/Dental</i>
<i>Enrollee Single</i>	\$257	\$268	\$473	\$494
<i>Enrollee Plus One</i>	\$475	\$497	\$473	\$511
<i>Family Coverage</i>	\$694	\$724	\$473	\$528

REGIONAL PLANS	<i>Aetna HMO</i>	<i>Aetna QPOS</i>	<i>CIGNA HMO</i>	<i>Kaiser Permanente HMO</i>	<i>Optimum Choice High Option POS</i>	<i>Optimum Choice Standard Option POS</i>	<i>Optimum Choice Standard Option HMO</i>	<i>Piedmont Community HMO-POS</i>
<i>Enrollee Single</i>	\$271	\$283	\$290	\$236	\$349	\$322	\$272	\$270
<i>Enrollee Plus One</i>	\$502	\$522	\$536	\$436	\$646	\$597	\$504	\$500
<i>Family Coverage</i>	\$732	\$763	\$782	\$636	\$941	\$870	\$735	\$730

Note: These premiums include the 2% administrative fee which is permitted by federal regulation. If you were disabled when you enrolled in Extended Coverage, the above premiums apply only to the first 18 months of your coverage.

Monthly Costs For Months 19-29 Of Disability

STATEWIDE PLANS	<i>Key Advantage</i>	<i>Key Advantage w/Expanded Benefits</i>	<i>Cost Alliance</i>	<i>Cost Alliance w/Dental</i>
<i>Enrollee Single</i>	\$378	\$395	\$696	\$726
<i>Enrollee Plus One</i>	\$699	\$731	\$696	\$752
<i>Family Coverage</i>	\$1,020	\$1,065	\$696	\$777

REGIONAL PLANS	<i>Aetna HMO</i>	<i>Aetna QPOS</i>	<i>CIGNA HMO</i>	<i>Kaiser Permanente HMO</i>	<i>Optimum Choice High Option POS</i>	<i>Optimum Choice Standard Option POS</i>	<i>Optimum Choice Standard Option HMO</i>	<i>Piedmont Community HMO-POS</i>
<i>Enrollee Single</i>	\$399	\$416	\$426	\$347	\$513	\$474	\$401	\$398
<i>Enrollee Plus One</i>	\$738	\$768	\$788	\$641	\$950	\$878	\$741	\$735
<i>Family Coverage</i>	\$1,077	\$1,122	\$1,151	\$936	\$1,385	\$1,280	\$1,082	\$1,074

These premiums include the 50% administrative fee which is permitted by federal regulation.